



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

CAMBODIA

The first case of HIV/AIDS in Cambodia was officially identified in 1991 through screening of blood donors, although HIV had been detected in Cambodian refugees in Thailand two years earlier. Sex workers and men seeking treatment for sexually transmitted infections were among the first groups to report high levels of HIV infection. Today, with an adult prevalence rate of 2.7 percent, Cambodia, one of the region's poorest countries, has the highest infection rate in Asia, with an estimated 170,000 persons living with HIV/AIDS in 2001.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	170,000
Total Population (end 2001)	13,440,500
Adult HIV Prevalence (end 2001)	2.7%
HIV-1 Seroprevalence in Urban Areas (end 2000)	
Population most at risk (sex workers and clients, patients seeking care for a sexually transmitted infection, or other persons with known risk factors)	18.5%
Population least at risk (pregnant women, blood donors, or other persons with no known high-risk factors)	3.5%

Sources: UNAIDS, U.S. Census Bureau

Although high, these numbers have actually declined since 1997, when the Ministry of Health estimated that 3.9 percent of adults, or approximately 210,000 individuals, were infected. Initially driven by an extensive commercial sex industry, prevalence is now fueled by transmission between casual, noncommercial partners and between spouses as new infections develop when men who engage in commercial sex bring the infection home. Once concentrated in vulnerable populations, the epidemic currently affects men, women, and children in all of country's provinces. Some 12,000 children under the age of 15 live with HIV/AIDS, and UNAIDS estimates that as many as 55,000 children had lost one or both parents to HIV/AIDS by the end of 2001.

The highest concentrations of people living with HIV/AIDS are along Cambodia's border with Thailand and in the southern and central provinces, although most major towns have significant infection rates.

Dynamic population flow associated with economic opportunities on both sides of the border with Thailand is a contributing factor in the country's epidemic, which is spread largely by heterosexual contact. Injecting drug use has been considered low and not a major factor in HIV/AIDS transmission in Cambodia, although new data suggest that injecting drug use is a growing problem and may become a factor in the near future.

NATIONAL RESPONSE

Cambodia responded to the early HIV/AIDS epidemic quickly and effectively by launching massive educational campaigns. Targeted programs aimed at brothel-based sex workers reduced seroprevalence from 43 percent in 1998 to 29 percent in 2002 within this population; and reduced HIV infection among urban police, who frequently use the services of sex workers, from 6 percent to 3 percent during that period. This early success shows that well-designed and targeted programs with strong political



Map of Cambodia: PCL Map Collection, University of Texas

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support can lead to quick behavior change and a reduction in prevalence. The Asian Epidemic Model suggests that without these early interventions, HIV prevalence in Cambodia would have continued the rapid rise of the early 1990s and reached 10 to 15 percent in the adult general population.

Nevertheless, maintaining this momentum has been difficult. Most Cambodians continue to lack access to voluntary counseling and testing for HIV, and diagnosis and treatment of sexually transmitted infections; and many lack access to information about HIV/AIDS and condoms. This results in considerable unmet needs for these essential HIV-prevention services, particularly among vulnerable and mobile populations.

After decades of genocide and civil war, Cambodia faces enormous challenges in rebuilding its health infrastructure and addressing urgent health problems. The Cambodian government has demonstrated strong commitment to HIV/AIDS and many elements of an effective response have begun, including:

- An HIV sentinel surveillance and behavioral surveillance system (one of most advanced in Asia)
- Behavioral research
- Blood safety programs
- Prevention interventions targeted at key groups
- A multisectoral response and good collaboration with nongovernmental organizations
- Law on HIV/AIDS prevention and control, and its code of conduct (one of few countries in the regions with such legislation)
- Care and support for people living with HIV/AIDS, including orphans and vulnerable children

These successes have been made by a collective effort and with good collaboration among the Royal Government of Cambodia, bilateral donors, local and international nongovernmental organizations, United Nations agencies, and numerous other entities on a range of prevention and care activities.

The Royal Government of Cambodia recently completed its National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS, 2001–2005. The strategy adopts two complementary approaches to decrease vulnerabilities to HIV/AIDS at the individual, community, and societal levels. The first approach concentrates on the determinants of behaviors at the individual level while the second focuses on changing aspects of the socio-economic, legal, and political environment.

The plan also identifies the need for a shift from a vertical, top-down approach to a more holistic approach that is both gender- and community-sensitive.

Within the context of the National Strategic Plan, the Ministry of Health's HIV/AIDS Strategic Plan for 2001–2005 identifies the following priorities:

- Implementing awareness and education programs on HIV/AIDS and sexually transmitted infections
- Continuing promotion of 100 percent condom use in high-risk sexual encounters
- Providing treatment services for sexually transmitted infections
- Improving blood safety
- Preventing mother-to-child transmission
- Providing institutional, home-based, and hospice care and support to people living with HIV/AIDS
- Improving surveillance systems
- Strengthening planning and coordination of program management

USAID SUPPORT

In Fiscal Year 2003, USAID allocated \$13.8 million for HIV/AIDS activities in Cambodia, up from \$8.2 million in Fiscal Year 2001, and \$2.1 million in Fiscal Year 2000. These increases reflect the fact that Cambodia is a “rapid scale-up” country to which USAID is making a significant commitment to preventing further spread of the epidemic.

USAID has been an active partner in Cambodia's battle against HIV/AIDS since 1993, working with the government and other donors to help achieve many of Cambodia's initial successes in preventing HIV/AIDS transmission among key groups. Historically, USAID support has targeted prevention and care interventions primarily with vulnerable populations (e.g., commercial sex workers and youth) and at individuals likely to form “bridges” between vulnerable populations and the general population (e.g., military personnel and police officers). Activities have included condom distribution, behavior change communication, strengthening of nongovernmental organizations, operations research, support in strengthening policy response, surveillance, and a range of prevention activities.

These models of successful intervention must be both expanded to other vulnerable populations and scaled up significantly. In collaboration with the Cambodian government, USAID has reviewed its assistance in HIV/AIDS and other health areas, and has developed a new, integrated health and HIV/AIDS strategy that combines previously separate HIV/AIDS, reproductive health, and child health programs. In doing so, USAID is supporting the government's efforts to both expand the use of successful interventions and strengthen the health system to meet a broad range of reproductive health, child health, and infectious disease needs among Cambodia's largely rural population. The new USAID strategy consists of a holistic approach centered on the provincial and district level, but includes high-priority national-level initiatives. Its focus is on achieving increased use of high-impact interventions and health-seeking behaviors, while strengthening the national health system.

With respect to HIV/AIDS, USAID is pursuing a three-pronged strategy in Cambodia:

- At the *national level*, USAID works to create an improved, enabling policy environment for HIV/AIDS and family health services, and provides technical assistance, condom social marketing, and behavior change communication services to expand the reach and scope of proven interventions to new populations, including indirect sex workers, uniformed servicemen, migrant workers, and other mobile populations.
- At the *provincial and district levels*, USAID provides support for the expansion of voluntary counseling and testing programs; development and testing of community-based and home-based approaches for care and support to those living with HIV/AIDS, including orphans and vulnerable children; technical support to health systems to include a continuum of care for people living with HIV/AIDS; and the expansion and integration of HIV/AIDS-prevention activities and programs with other health services, including prevention of mother-to-child transmission.
- Nationally, USAID continues to provide strong support for *field-based research* on prevention and care interventions as well as on strengthening surveillance and monitoring of both seroprevalence and sexual behavior.

Through its support for HIV/AIDS and other health interventions, USAID is working to strengthen the institutional, managerial, and human capacity of Cambodia's health system. The goal is to enable districts to provide a basic package of essential services and build sustainable capacity to deliver health services.

Cambodia is the only country in the region with a bilateral USAID HIV/AIDS program. As a rapid scale-up country, it will continue to receive such assistance. Cambodia will also participate in the new USAID Mekong regional program, as lessons learned and best practices from the Cambodia experience are applied to other parts of the region.

FOR MORE INFORMATION

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*Prepared for USAID by TvT Global Health and Development Strategies/Social & Scientific Systems, Inc.,
under The Synergy Project*

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March 2004

